

ALAMEDA COUNTY SHERIFF'S
WRIT ENFORCEMENT INSTRUCTIONS PURSUANT TO CCP §687.010

Please fill out completely and deliver to:

Gregory J. Ahern, Sheriff / Marshal
1225 Fallon Street, Room 104 - Oakland, CA 94612-4216
(510) 272-6910

*****Failure to fill out this form completely could result in a delay in processing this request.*****

Case Title _____ VS. _____
Plaintiff / Judgment Creditor Defendant / Judgment Debtor
VS. _____

Court Case No. _____ Sheriff's File No. (If known) _____

TYPE OF WRIT:

☐ Writ of Possession (Unlawful Detainer/Eviction) ☐ Other: _____

By authority of the accompanying writ in the above-titled action, you are hereby instructed to return possession of the property described below to the identified judgment creditor/agent.

Complete Property Address /City/State/Zip Code (**Must match address on back of Writ**) _____ ****Gate Code Number**** _____

()
Name of Party to Contact (**Judgment Creditor/Agent**) Phone Number of Party to Contact _____

- **Is this action the result of a foreclosure sale pursuant to CCP§ 1161(a)?** ☐ Yes ☐ No
➤ **Has the occupant filed bankruptcy?** ☐ Yes ☐ No
➤ **The named occupant(s) is/are** ☐ Tenant(s) ☐ Former Owner(s)

ATTACHMENTS:

☐ Photo is provided (*not returnable*). ☐ Key is provided (*to be returned at eviction*) ☐ Other _____

SAFETY INFORMATION:

Please check all of the following that apply.

- ☐ Violent towards Law Enforcement ☐ Prior Law Enforcement activity at this address
☐ Illegal activity may be taking place at this address ☐ Assaultive ☐ Guns on Premises
☐ Vicious Animals/Loose dogs in the yard (**Circle one**) ☐ Threats to Landlord/Tenants/Police (**Circle one**)
☐ Drugs/Alcohol at this address ☐ Mental Health Issues ☐ Probation/Parolee

If any of the above are checked, please describe: _____

Please provide additional information on any issues that may pose an **officer safety** threat to our deputies: _____

ADDITIONAL INFORMATION:

- ☐ Gated Community ☐ Children in residence ☐ Elderly ☐ Disabled ☐ Serious Medical Issues
☐ Commercial Building ☐ Additional information continued on the reverse side of this page.

- PLEASE FILL OUT COMPLETELY -

Attorney or Plaintiff without an Attorney as named in the top box of the Writ:

Name: _____ Daytime Phone No.: _____
Address: _____
City: _____ Signature: X _____
State: _____ ZIP: _____ Title: _____
E-Mail Address: _____ Date: _____